

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA

RECEIVED
CHARLOTTE, NC

JUN 11 2018

Clerk, US District Court
Western District of NC

ROBERT WOODWARD

Plaintiff,

COMPLAINT

vs.

Case No 1:18-cv-171

NURSE DAVIS

LT. JOHN DOE

RECEIVED
ASHEVILLE, N.C.

JUN 14 2018

Clerk, U.S. Dist. Court
W. Dist. of N.C.

Defendant(s).

A. JURISDICTION

Jurisdiction is proper in this court according to:

☒ 42 U.S.C. §1983

☐ 42 U.S.C. §1985

☐ Other (Please specify) _____

B. PARTIES

1. Name of Plaintiff:

Address:

ROBERT WOODWARD
633 OLD LANDFILL RD.
TAYLORSVILLE, N.C. 28681

2. Name of Defendant:

Address:

NURSE DAVIS
1626 BLOW AVE
WAYNESVILLE, N.C. 28786

Is employed as

NURSE
(Position/Title)

at

HAYWOOD COUNTY JAIL
(Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES ☒ NO ☐, if "YES" briefly explain:

SHE WAS THE NURSE ON DUTY WHO TOTALLY
REFUSED TO GIVE ME MY MEDICINE.

3. Name of Defendant: LT. JOHN DOE
Address: _____

1620 BROWN AVE
WYNESVILLE, N.C. 28786

Is employed as LIEUTENANT at HAYWOOD COUNTY JAIL
(Position/Title) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES ☒ NO ☐, if "YES" briefly explain:

HE WAS LIEUTENANT IN BOOKING ALL DAY
AND REFUSED TO INTERVIEW ON MY BEHALF.
HE WAS AN EMBROIDERER MOST OF THE DAY.

4. Name of Defendant: _____
Address: _____

Is employed as _____ at _____
(Position/Title) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES ☐ NO ☐, if "YES" briefly explain:

(Use additional sheets if necessary.)

C. NATURE OF CASE

Why are you bringing this case to court? Please explain the circumstances that led to the problem.

I WAS TRANSPORTED TO HAYWOOD COUNTY
JAIL ON TWO SEPARATE OCCASIONS

AND BOTH TIMES NURSE DAVIS REFUSED
TO TREAT ME. ON 12-13-17 I HAD CELLULITIS
AND I WAS CLOSE TO LOSING MY FOOT. SHE FINALLY

GAVE ME MY MEDS AFTER 10 HOURS BUT THEN AFTER I CAUSED
A PROBLEM, ON 4-4-18 SHE COMPLETELY REFUSED TO TREAT ME!

D. CAUSE OF ACTION

I allege that my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary you may attach additional pages)

- a. (1) Count 1: NURSE DAVIS NOT TREATING ME
(2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing any legal authority. Use additional sheets if necessary.)

NURSE DAVIS REFUSED TO PROVIDE ME
MY PRESCRIBED NECESSARY MEDICAL
CARE.

- b. (1) Count 2: LT. JOHN DOE NOT INTERFERING ON MY BEHALF
(2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing any legal authority. Use additional sheets if necessary.)

LT. JOHN DOE SPENT MOST OF THE DAY
SLEEPING BUT DIDN'T LET A FINGER TO
HELP ME GET MY MEDICAL CARE.

E. INJURY

How have you been injured by the actions of the defendant(s)?

I HOURS IN A HOLDING CELL WITHOUT MY
PAIN MEDICATION. MY CHRONIC MEDS AS
WELL AS MY PRESSURES CROAKED. IT WAS
A VERY MISERABLE DAY!

F. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

Have you filed other lawsuits in state or federal court that deal with the same facts that are involved in this action? YES _____ NO ✓

If your answer is "YES", describe each lawsuit. (If there is more than one lawsuit, describe additional lawsuits on additional separate pages, using the same outline.)

1. Parties to previous lawsuits:

Plaintiff(s): _____

Defendants(s): _____

2. Name of court and case or docket number:

3. Disposition (for example, was the case dismissed? Was it appealed? Is it still pending?)

4. Issues raised:

5. When did you file the lawsuit? _____
Date: Month/Year

6. When was it (will it be) decided? _____

Have you previously sought informal or form relief from the appropriate administrative officials regarding the acts complained of in Part D? YES ✓ NO _____

If your answer is "YES" briefly describe how relief was sought and the results. If your answer is "NO" explain why administrative relief was not sought.

I WROTE THE SAFETY AND CAPTAIN

G. REQUEST FOR RELIEF

I believe I am entitled to the following relief:

I'M ENTITLED TO COMPENSATION IN A
MONETARY FORM AS WELL AS PUNITIVE
DAMAGES AGAINST MASE DENTS BECAUSE
SHE DID THE EXACT SAME THING TO ME
TWO TIMES, I WAS BOOKED INTO THE JAIL
ON BOTH DATES WITH APPARENT MEDICAL NEEDS!!
\$20,000 COMPENSATION - \$100,000.00 PUNITIVE

JURY TRIAL REQUESTED YES ☒ NO ☐

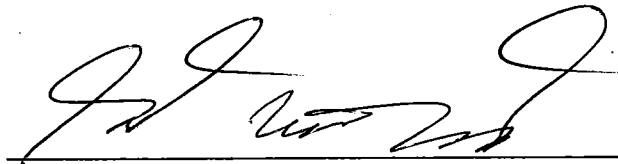
DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained therein is true and correct. 28 U.S.C. §1746; 18 U.S.C. §1621.

Executed at ALEXANDER CORRECTIONAL on 6-5-18

(Location)

(Date)



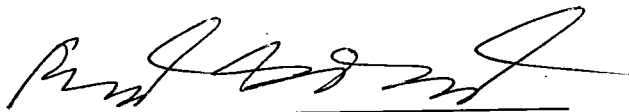
Signature

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed/ delivered to the following individuals at the addresses listed:

U.S. DISTRICT COURT
Rm. 210 CHARLES R. JONES BUILDING
401 W. TRADE ST.
CHARLOTTE, N.C. 28202

This the 5 day of JUNE, 20 18.



Signature

ROBERT WAYMAN

(Print Name)